

4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

36408

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. (11)

Registrar's No. 2044

RECEIVED NOV 25 1940
784

1. PLACE OF DEATH

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Erwin J. Wernig

3. (b) If veteran, name war None

3. (c) Social Security No. 497-09-6066

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Wernig

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Dec. 22 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Sales Manager

11. Industry or business Skinner Kennedy

12. Name Joseph Wernig

13. Birthplace Damm Germany
(City, town, or county) (State or foreign country)

14. Maiden name Walburga Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Dale Wernig

(b) Address 5858 Neosho Ave.

17. (a) Burial (b) Date thereof 11-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 31 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5858 Neosho Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30th
year 1940 hour 8:45 minute P.M. M.

21. I hereby certify that I attended the deceased from Aug 26
1940 to Oct 30 1940
that I last saw him alive on Oct 30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis - Interstitial

Due to ? 131

Other conditions Chronic Hypertrophy
(Include pregnancy within 3 months of death)

Major findings: Chronic Hypertension

Of operations _____

Of autopsy Small Contracted Kidneys

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature [Signature] (Specify type of place) _____
(e) Means of injury

Address [Signature] Date signed 10-2-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

*Paulson Bldg 12-2
See: 0070*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *Edwin M. Gernath*

Licensed Embalmer No. *3024*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.